

CITY OF DELTONA



FINAL SITE PLAN APPLICATION PACKAGE

*PLANNING AND DEVELOPMENT SERVICES DEPARTMENT
2345 Providence Blvd
Deltona, FL 32725
Phone: (386) 878-8600 • Fax: (386) 878-8601
www.deltonafl.gov*



Planning & Development Services Department

2345 Providence Blvd, Deltona, FL 32725

Phone: (386) 878-8600 • Fax: (386) 878-8601

www.deltonafl.gov

Table of Contents

General Information.....	2
Final Site Plan Basic Submittal Checklist.....	3
Application for Final Site Plan Approval	4
Final Site Plan Content Requirements Checklist	5
Notarized Authorization of Owner Form.....	9
Application for Concurrency Certificate of Capacity/Inquiry	10
Non-Concurrency Affidavit.....	11
Tree Removal Permit Application Submittal Checklist.....	12
Application for Tree Removal Permit.....	13
Concurrent Reviews of Site Plan and Building Permit Applications for Non-Residential Uses	14



Planning & Development Services Department

2345 Providence Blvd, Deltona, FL 32725

Phone: (386) 878-8600 • Fax: (386) 878-8601

www.deltonafl.gov

FINAL SITE PLAN GENERAL INFORMATION

An application for a Final Site Plan (FSP) approval shall be submitted to the Planning and Development Services Department. The granting of a Final Site Plan and associated Development Order is required prior to the issuance of any development permit allowing for the commencement of site construction activity for any development within the City (*City of Deltona Land Development Code Chapter 75, Final Site Plan Approval Procedures*).

No application will be accepted unless all exhibits, plans, and fees have been supplied.

FEES:

- Final Site Plan Application (*Commercial and Multi-family*) \$500.00 (*plus consulting fees, if applicable*)
- Concurrency Certificate of Capacity/Inquiry Application \$300.00 (*plus consulting fees, if applicable*)
- Tree Removal Permit Application \$350.00(*plus consulting fees, if applicable*)
This is a permit fee and is exclusive of any fees owed to the City Tree Replacement Fund at \$18.04 of cross section square inch (CSSI).
- Wetland Alteration Permit (*if applicable*) \$100.00 (*plus consulting fees, if applicable*)



Planning & Development Services Department

2345 Providence Blvd, Deltona, FL 32725

Phone: (386) 878-8600 • Fax: (386) 878-8601

www.deltonafl.gov

FINAL SITE PLAN BASIC SUBMITTAL CHECKLIST

☐ Non-Residential ☐ Multi-Family

(Return this checklist with application)

All applicants who are prepared to submit a Final Site Plan application are strongly urged to participate in a pre-application meeting with City staff in order to discuss substantive issues related to the pending submittal.

Project Name: _____

Address or location of Property: _____

REQUIRED MATERIALS	Applicant to check if completed	Staff to check if included
1. Application <i>(completed and signed)</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Final Site Plan Basic Submittal Checklist <i>(this checklist)</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. Final Site Plan Content Checklist	<input type="checkbox"/>	<input type="checkbox"/>
4. Application Fees <i>(\$500.00)</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. Owner's Authorization Form <i>(if applicant is other than owner)</i>	<input type="checkbox"/>	<input type="checkbox"/>
6. Eight (8) hard copies of the Final Site Plan package <i>(ten (10) copies if the Site Plan proposes to access a Volusia County roadway or is located in the Deltona North utility area)</i>	<input type="checkbox"/>	<input type="checkbox"/>
7. Electronic copy of the Final Site Plan package <i>(separate PDF for each plan sheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
8. Two (2) current sealed surveys of property <i>(no older than two (2) years)</i>	<input type="checkbox"/>	<input type="checkbox"/>
9. Two (2) copies of Landscape Plan and Irrigation Plan <i>(in accordance with the Land Development Code Section 110-808)</i>	<input type="checkbox"/>	<input type="checkbox"/>
10. Tree Survey with Tree Removal & Replacement Calculations a) Tree Removal Permit Application b) Fees for Tree Removal Permit <i>(\$350.00)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11. Application and Fees Certificate of Concurrency Capacity/Inquiry <i>(Land Development Code, Section 86-27(c))</i> a) Certificate of Concurrency Capacity/Inquiry Application b) Fees for Certificate of Concurrency Capacity/Inquiry <i>(\$300.00 plus consulting fees)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12. Application and Fees for City Wetlands Alteration Permit <i>(if applicable)</i> a) City Wetlands Alteration Permit Application b) Fees for City Wetlands Alteration Permit <i>(\$100.00 plus consulting fees)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13. Proof of taxes paid on all affected parcels	<input type="checkbox"/>	<input type="checkbox"/>

Please Note: Additional information may be required.



Planning & Development Services Department

2345 Providence Blvd, Deltona, FL 32725

Phone: (386) 878-8600 • Fax: (386) 878-8601

www.deltonafl.gov

APPLICATION FOR FINAL SITE PLAN APPROVAL

☐ Non-residential ☐ Multi-family

I. PROJECT INFORMATION

Project Name: _____

Address or location of Property: _____

Tax Parcel Number (s): _____

(Please attach list of properties if multiple parcels and/or owners)

Proposed Use(s): _____

Gross Acres: _____ Number of Lots or Units: _____ Zoning: _____ Sq. ft. gross floor area: _____

II. PROPERTY OWNER INFORMATION

Owner's Name (s): _____

Owners Mailing Address: _____

City/State/Zip Code: _____

Phone: _____ E-mail: _____

III. APPLICANT/DEVELOPER INFORMATION *(All communication concerning this application will be directed to the below listed contact person(s).)*

Applicant/Developer's Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

IV. PROFESSIONAL SERVICES PROVIDER INFORMATION

Name: _____ Professional Title: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Signature of Property Owner or Representative

Date

FOR OFFICE USE ONLY

(Do NOT write in this box)

PROJECT NO.

\$ _____
APPLICATION FEE

☐ Check No. _____
☐ Cash
☐ Credit Card

APPLICATION RECEIVED BY

DATE



Planning & Development Services Department

2345 Providence Blvd, Deltona, FL 32725

Phone: (386) 878-8600 • Fax: (386) 878-8601

www.deltonafl.gov

FINAL SITE PLAN CONTENT REQUIREMENTS CHECKLIST

(Please mark all items that apply and submit this checklist with the application)

FINAL SITE PLAN CONTENT REQUIREMENTS	Applicant to check if completed	Staff to check if included
A. GENERAL INFORMATION		
1. Survey of the subject property <i>(less than two years old)</i> :		
a) Prepared, stamped, and signed by a registered surveyor	<input type="checkbox"/>	<input type="checkbox"/>
b) Showing the boundaries of the project, to include a legal description, any existing streets, buildings, watercourses, easements and section lines	<input type="checkbox"/>	<input type="checkbox"/>
c) Survey shall be drawn to a scale of not less than 1"=60'	<input type="checkbox"/>	<input type="checkbox"/>
2. Vicinity Map <i>(at a scale not to exceed 1"=2,000')</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. Water bodies or courses	<input type="checkbox"/>	<input type="checkbox"/>
4. Swamp, wetland areas, conservation areas, or environmentally sensitive areas	<input type="checkbox"/>	<input type="checkbox"/>
5. Site Plan Containing:		
a) Title of the project	<input type="checkbox"/>	<input type="checkbox"/>
b) Date	<input type="checkbox"/>	<input type="checkbox"/>
c) Scale (no less than 1" = 60')	<input type="checkbox"/>	<input type="checkbox"/>
d) North arrow	<input type="checkbox"/>	<input type="checkbox"/>
e) Location of all existing and proposed buildings, uses and structures	<input type="checkbox"/>	<input type="checkbox"/>
f) Access and traffic flow	<input type="checkbox"/>	<input type="checkbox"/>
g) Off-street parking and loading areas	<input type="checkbox"/>	<input type="checkbox"/>
h) Vehicular reservoir areas	<input type="checkbox"/>	<input type="checkbox"/>
i) Recreational facilities	<input type="checkbox"/>	<input type="checkbox"/>
j) Existing and proposed topography at one-foot contour intervals	<input type="checkbox"/>	<input type="checkbox"/>
6. Total acreage, project density/intensity and:	<input type="checkbox"/>	<input type="checkbox"/>
a) Percentages of total acreage for each permitted use	<input type="checkbox"/>	<input type="checkbox"/>
b) Percentages for building coverage	<input type="checkbox"/>	<input type="checkbox"/>
c) Percentages for impervious surface coverage	<input type="checkbox"/>	<input type="checkbox"/>
7. Calculation of the required and proposed number of off-street parking and loading spaces	<input type="checkbox"/>	<input type="checkbox"/>
8. Statement of the proposed arrangements for the maintenance of common open space areas and facilities <i>(if applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>



Planning & Development Services Department

2345 Providence Blvd, Deltona, FL 32725

Phone: (386) 878-8600 • Fax: (386) 878-8601

www.deltonafl.gov

FINAL SITE PLAN CONTENT REQUIREMENTS	Applicant to check if completed	Staff to check if included
9. Height and setbacks of all structures and total floor area by land use	<input type="checkbox"/>	<input type="checkbox"/>
10. Identify distances between separate buildings <i>(if applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>
11. Onsite vehicular circulation systems for bicycles, cars, trucks, and/or required vehicle types, showing connections to related off-site facilities.	<input type="checkbox"/>	<input type="checkbox"/>
12. All adjacent rights-of-way, including all existing and proposed, centerlines and widths, pavement widths, acceleration/deceleration lanes, existing median cuts, driveways and intersections, street light poles, and power company facilities.	<input type="checkbox"/>	<input type="checkbox"/>
13. Onsite and connections to off-site pedestrian systems.	<input type="checkbox"/>	<input type="checkbox"/>
14. Type, size, and location of all existing and proposed utilities, including water sewer, electric, gas, communication and the providers of such utilities.	<input type="checkbox"/>	<input type="checkbox"/>
15. Existing and proposed fire hydrant locations and water main sizes.	<input type="checkbox"/>	<input type="checkbox"/>
16. Direction of drainage flows, retention/detention facilities, and their association with project phasing.	<input type="checkbox"/>	<input type="checkbox"/>
17. Identify known wildlife corridors, habitats, plants, and/or animals for Federal and State endangered species, threatened species or species of special concern <i>(if applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>
18. Identify known historic and archaeological sites.	<input type="checkbox"/>	<input type="checkbox"/>
19. Location and screening of a solid waste disposal system and provisions for accessibility to refuse collection and recycling trucks.	<input type="checkbox"/>	<input type="checkbox"/>
20. Bicycle parking, mass transit loading (bus stop) areas, if any, and provisions for accessibility to vehicles of the required type.	<input type="checkbox"/>	<input type="checkbox"/>
21. Areas for emergency vehicles and fire engines and provisions for accessibility to vehicles of the required type through the use truck turning simulation shown on the plan <i>(typically includes plans to accommodate a WB-40 or greater wheelbase)</i> .	<input type="checkbox"/>	<input type="checkbox"/>
22. Design of all paved areas, including dimensions, cross sections, radii and elevations, plans for traffic-control signs and pavement marking	<input type="checkbox"/>	<input type="checkbox"/>
23. Location of all floodplain areas, established base flood elevations (BFE), and any proposed finished floor elevations (FFE)	<input type="checkbox"/>	<input type="checkbox"/>



Planning & Development Services Department

2345 Providence Blvd, Deltona, FL 32725

Phone: (386) 878-8600 • Fax: (386) 878-8601

www.deltonafl.gov

FINAL SITE PLAN CONTENT REQUIREMENTS	Applicant to check if completed	Staff to check if included
24. Stormwater management construction plan calculations, which includes the computation of pervious and impervious surface areas, in square footage and percentage.	<input type="checkbox"/>	<input type="checkbox"/>
25. Construction type(s), building floor areas, including a floor area ratio calculation, elevations, sizes, types, and typical floor plans.	<input type="checkbox"/>	<input type="checkbox"/>
26. Location of common areas and open space areas.	<input type="checkbox"/>	<input type="checkbox"/>
27. Location of outdoor storage areas and related screening features.	<input type="checkbox"/>	<input type="checkbox"/>
28. Illumination plan related to parking area.	<input type="checkbox"/>	<input type="checkbox"/>
29. Plans for all proposed site signage, meeting the City's Land Development Code Chapter 102, which includes location, design, size, copy area, and setbacks.	<input type="checkbox"/>	<input type="checkbox"/>
30. Landscaping and irrigation plan meeting the requirements of Section 110-808 of the City's Land Development Code.	<input type="checkbox"/>	<input type="checkbox"/>
31. Soil and Erosion Control Plan showing the location, type, and description of proposed erosion and sedimentation controls; and shall include:	<input type="checkbox"/>	<input type="checkbox"/>
a) For proposed developments greater than or equal to one acre or development less than one acre that are part of a larger common plan of development, a draft copy of the NPDES Generic Construction NOI (Notice of Intent) and SWPP (Stormwater Pollution Prevention Plan).	<input type="checkbox"/>	<input type="checkbox"/>
b) Requirement that erosion control inspectors for project are Florida State Certified.	<input type="checkbox"/>	<input type="checkbox"/>
B. FIRE HYDRANTS		
1. Fire hydrants shall meet or exceed AWWA C502, latest revision, and shall comply with Factory Mutual Research Corp. and Underwriters Laboratories UL 246 Standard.	<input type="checkbox"/>	<input type="checkbox"/>
2. Rated working pressure shall be 200 psi	<input type="checkbox"/>	<input type="checkbox"/>
3. Test pressure shall be 400 psi	<input type="checkbox"/>	<input type="checkbox"/>
4. Hydrants shall include the following specific design criteria:	<input type="checkbox"/>	<input type="checkbox"/>
a) Main valve closure shall be of the compression type.	<input type="checkbox"/>	<input type="checkbox"/>
b) Traffic feature to be designed for easy 360 degree rotation of nozzle section during field installation.	<input type="checkbox"/>	<input type="checkbox"/>
c) Main valve opening shall not be less than 5 1/4" and be designed so that removal of all working parts can be accomplished without excavating.	<input type="checkbox"/>	<input type="checkbox"/>
d) Bronze seat shall be threaded into mating threads of bronze.	<input type="checkbox"/>	<input type="checkbox"/>



Planning & Development Services Department

2345 Providence Blvd, Deltona, FL 32725

Phone: (386) 878-8600 • Fax: (386) 878-8601

www.deltonafl.gov

FINAL SITE PLAN CONTENT REQUIREMENTS	Applicant to check if completed	Staff to check if included
e) Draining system of the hydrant shall be bronze and positively activated by the main operating rod.	<input type="checkbox"/>	<input type="checkbox"/>
f) Hydrant drains shall close completely after no more than three turns of the operating nut.	<input type="checkbox"/>	<input type="checkbox"/>
g) Minimum of two (2) internal ports and four (4) drain port outlets to the exterior of the hydrant.	<input type="checkbox"/>	<input type="checkbox"/>
h) Two (2) 2 ½" and one (1) 4 ½" fire department connection ports.	<input type="checkbox"/>	<input type="checkbox"/>
i) Drain shutoff to be direct compression closure.	<input type="checkbox"/>	<input type="checkbox"/>
j) Include cap chains and plugged weep holes.	<input type="checkbox"/>	<input type="checkbox"/>
k) Friction loss not to exceed 3.0 psi at 100 gpm through 4 ½" pumper nozzle.	<input type="checkbox"/>	<input type="checkbox"/>
l) Hydrants shall be equal to American Flow Control's American Darling B-84-B.	<input type="checkbox"/>	<input type="checkbox"/>
m) All hydrants shall be yellow color.	<input type="checkbox"/>	<input type="checkbox"/>
5. Main Size: Residential: minimum six (6) inches; Commercial developments: minimum eight (8) inches	<input type="checkbox"/>	<input type="checkbox"/>
6. Location: 300 feet of a commercial structure either existing or new installation, or 500 feet in new residential subdivisions (greatest distance to a house shall be 250 feet)	<input type="checkbox"/>	<input type="checkbox"/>

Fire Hydrant: *Underground inspections shall require a visual inspection of all connections, thrust blocks, tie rods, and pipe. If a fire hydrant is required to be installed for this project, it shall be installed, operational and approved by the Deltona Fire Safety Manager prior to any combustible construction materials being brought on site and before vertical construction will be allowed to begin. Do not back fill the fire hydrant without the fire inspectors on site approval. The engineer of record shall provide certification that the water distribution system meets the required flow at 20 psi before building final. Any Changes to the approved plans or equipment shall be pre-approved by the Fire Safety Manager and as built drawings submitted prior to final inspection.*

Please Note: *Additional information may be required.*



Planning & Development Services Department

2345 Providence Blvd, Deltona, FL 32725

Phone: (386) 878-8600 • Fax: (386) 878-8601

www.deltonafl.gov

NOTARIZED AUTHORIZATION OF OWNER

I/We _____ as the

Print Owner's Name(s)

sole or joint fee simple title holder(s) of the property described as (property address, parcel number, and legal description): _____

_____ authorize

_____ to act as my agent to seek a (select one)

(Print Agent's Name)

☐ Site Plan; ☐ Plat; ☐ Rezoning; ☐ Conditional Use; ☐ Variance, or other _____,

on the above referenced property.

Owner's Signature

Owner's Signature

Print or type name

Print or type name

Date

Date

STATE OF FLORIDA, COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this ____ day of _____, 20__,
by _____, who is personally known to me or who has produced
_____ as identification and who (did/did not) take an oath.

Signature of Notary Public – State of Florida

Print or type name

Date

(Notary Seal or Stamp)



Planning & Development Services Department

2345 Providence Blvd, Deltona, FL 32725

Phone: (386) 878-8600 • Fax: (386) 878-8601

www.deltonafl.gov

APPLICATION FOR CONCURRENCY CERTIFICATE OF CAPACITY/INQUIRY

TYPE OF APPLICATION: ☐ (COC) Concurrency Certificate of Capacity
☐ (COI) Concurrency Certificate of Inquiry

I. PROJECT INFORMATION:

Located on County Road? ☐ Yes ☐ No

Project Name: _____

Address or location of Property: _____

Tax Parcel Number (s): _____

(Please attach list of properties if multiple parcels and/or owners)

Gross Acres: _____ Number of Lots: _____ Zoning: _____

II. PROPERTY OWNER INFORMATION

Owner's Name (s): _____

Owners Mailing Address: _____

City/State/Zip Code: _____

Phone: _____ E-mail: _____

III. ALL COMMUNICATION CONCERNING THIS APPLICATION WILL BE DIRECTED TO THE UNDERSIGNED:

Applicant/Developer's Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Applicant's Signature

Date

FOR OFFICE USE ONLY

(Do NOT write in this box)

PROJECT NO.

Required fees: \$ _____ ☐ Check No. _____ ☐ Cash ☐ Credit Card Initials _____

The above mentioned property has a current zoning classification of _____. The proposed use of the property as _____ ☐ **is** a permitted use, ☐ **is** a conditional use, or ☐ **is not** consistent with the current zoning classification.

Future Land Use Designation: _____.

The proposed use ☐ **is** or ☐ **is not** consistent with the Future Land Use Designation.

Signature & Title of Planning & Development Services Official

Print Name

Date



Planning & Development Services Department

2345 Providence Blvd, Deltona, FL 32725

Phone: (386) 878-8600 • Fax: (386) 878-8601

www.deltonafl.gov

NON-CONCURRENCY AFFIDAVIT

I. PROJECT INFORMATION:

Located on County Road? ☐ Yes ☐ No

Project Name: _____

Address or location of Property: _____

Tax Parcel Number (s): _____

Gross Acres: _____ Number of Lots: _____ Zoning: _____

Owner's Name (s): _____

Owner's Mailing Address: _____

City/State/Zip Code: _____

Phone: _____ E-mail: _____

(Please attach list of properties if multiple parcels and/or owners)

II. The undersigned hereby declares and affirms that he/she is the owner or developer with permission of the owner of the property, which is the subject of this affidavit.

Further, the undersigned declares and affirms that he/she has hereby elected to defer the Concurrency determination that is required by Chapter 86, City of Deltona, Land Development Code, as amended and Chapter 163, Florida Statutes, for the subject property until a later time, but not later than the first application for a Final Development Order for the subject property.

Further, the undersigned understands and acknowledges that the subject property will require a Concurrency determination and must be issued a Concurrency Certificate of Capacity before any Final Development Order can be issued, and that a Concurrency Certificate of Capacity may not be approved at a later time, in which case the subject property cannot be developed until sufficient capacity of public facilities becomes available to maintain the standards for levels of services that are adopted in the City of Deltona Comprehensive Plan and Chapter 86, City of Deltona, Land Development Code, as amended.

Applicant's Name: _____

Applicant's Status: ☐ Owner ☐ Developer ☐ Attorney for Owner ☐ Agent for Owner ☐ Other _____

Mailing Address: _____

City/State/Zip Code: _____

Phone: _____ E-mail: _____

Applicant's Signature: _____ Date: _____

STATE OF FLORIDA, COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this ____ day of _____, 20__, by _____, who is personally known to me or who has produced _____ as identification and who (did/did not) take an oath.

Signature of Notary Public – State of Florida

Print or type name

Date

(Notary Seal or Stamp)



Planning & Development Services Department

2345 Providence Blvd, Deltona, FL 32725

Phone: (386) 878-8600 • Fax: (386) 878-8601

www.deltonafl.gov

TREE REMOVAL PERMIT APPLICATION SUBMITTAL CHECKLIST

(Return this checklist with application)

The applicant is responsible for submitting all information and exhibits in such form and completeness that will allow all reviewers to judge whether or not the subject application complies with all applicable regulations.

Project Name: _____

Address or location of Property: _____

REQUIRED MATERIALS	Applicant to check if completed	Public Works' Staff to check if included
1. Application <i>(completed and signed)</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Two (2) copies Tree Survey with trees by location, common name, and DBH <i>(recommended Scale 1" = 20')</i> .	<input type="checkbox"/>	<input type="checkbox"/>
3. Existing trees to be removed, to be relocated, or to be retained	<input type="checkbox"/>	<input type="checkbox"/>
4. Trees to be maintained requiring protection	<input type="checkbox"/>	<input type="checkbox"/>
5. Detail of and method of protection	<input type="checkbox"/>	<input type="checkbox"/>
6. If not already on Site Plan, identify natural vegetation retention areas and tree protection areas	<input type="checkbox"/>	<input type="checkbox"/>
7. Trees to be maintained	<input type="checkbox"/>	<input type="checkbox"/>
8. Replacement stock to be planted	<input type="checkbox"/>	<input type="checkbox"/>
9. Removal and replacement calculations	<input type="checkbox"/>	<input type="checkbox"/>
10. Identification of Historic and Specimen trees	<input type="checkbox"/>	<input type="checkbox"/>
11. Reason for removal if not concurrent with FSP	<input type="checkbox"/>	<input type="checkbox"/>
12. Existing and proposed utility easements	<input type="checkbox"/>	<input type="checkbox"/>
13. Existing and proposed site improvements	<input type="checkbox"/>	<input type="checkbox"/>
14. Scale, North Arrow, and Legend	<input type="checkbox"/>	<input type="checkbox"/>
15. Application fees <i>(\$350.00 plus consulting fees) (this is a permit fee and is exclusive of any fees owed to the City Tree Replacement Fund at \$18.04 of CSSI)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Please Note: Additional information may be requested



Planning & Development Services Department

2345 Providence Blvd, Deltona, FL 32725

Phone: (386) 878-8600 • Fax: (386) 878-8601

www.deltonafl.gov

APPLICATION FOR TREE REMOVAL PERMIT

I. TYPE OF TREE REMOVAL APPLICATION *(Check one)*

- ☐ Concurrent with Final Site Plan/Development Order *(Land Development Code, Section 98-29(a)(1))*
☐ Without Development Order Review *(Land Development Code, Section 98-29(a)(2))*
☐ In Connection with Building or Related Improvements *(Land Development Code, Section 98-29(a)(4))*

II. PROJECT INFORMATION

Project Name: _____

Address or location of Property: _____

Tax Parcel Number (s): _____

(Please attach list of properties if multiple parcels and/or owners)

Gross Acres: _____ Number of Lots: _____ Zoning: _____

III. PROPERTY OWNER INFORMATION

Owner's Name (s): _____

Owners Mailing Address: _____

City/State/Zip Code: _____

Phone: _____ E-mail: _____

IV. APPLICANT/DEVELOPER INFORMATION

Applicant/Developer's Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Applicant's Signature

Date

FOR OFFICE USE ONLY

(Do NOT write in this box)

\$ _____
APPLICATION FEE

- ☐ Check No. _____
☐ Cash
☐ Credit Card

PROJECT NO.

APPLICATION RECEIVED BY

DATE



Planning & Development Services Department

2345 Providence Blvd, Deltona, FL 32725

Phone: (386) 878-8600 • Fax: (386) 878-8601

www.deltonafl.gov

CONCURRENT REVIEWS OF SITE PLAN AND BUILDING PERMIT APPLICATIONS FOR NON-RESIDENTIAL USES

Project Name: _____

Project Address: _____ Parcel No. _____

The City of Deltona will accommodate those who wish to file separate and concurrent Site Plan and Building Permit Applications.

Outline of Objectives

It is understood that the applicant's objectives are to save time and money through a parallel, not sequential, review of two separate, but related applications.

It is understood that the City's objectives are to provide effective and efficient customer service consistent with protecting the public health, safety, and welfare by ensuring compliance with all applicable codes and ordinances.

Applicant's Responsibilities and Acceptance of Possible Delay

While the City is prepared to assist customers by performing this concurrent review, it is the responsibility of the applicant, when submitting related plans and supporting documentation, to ensure these materials are complete, correct, clear, and align with all applicable code and ordinance provisions relating to the issuance of site plans, building permits.

Should a revision to the site plan application, as required by applicable code or ordinance, occur at any stage of review that results in the need to revise the building permit, the applicant accepts that both applications will undergo revisions in order to bring them into conformance with applicable code and ordinance provisions.

All additional review and/or revision costs related to concurrent reviews will be the responsibility of the applicant. The building permit will be issued after the Site Plan/D.O. has been released and the building plans have been approved.

For Developer/Applicant's signature: *If I choose to participate in this concurrent review process, I hereby acknowledge and accept the above conditions and responsibilities.*

☐ *It is requested that these applications undergo **Concurrent Review**.*

☐ *It is requested that these applications undergo **Separate Review**.*

Applicant's Signature

Print Applicant's Name

Date

FOR OFFICE USE ONLY

(Do NOT write in this box)

Validate Address: _____

Project No.: _____ Building Permit No.: _____

P & D Services Staff: _____ (initials) Building Division Staff: _____ (initials)